

IMPROVING HEALTHY BEHAVIORS PROGRAM IN INDIA

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Family Health International (FHI 360)

Annual Work Plan Year 5,

October 1, 2014-December 12, 2014

Improving Healthy Behaviors Program (IHBP) in India

**Work Plan for Year 5
(October 1, 2014–December 12, 2014)**



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Abbreviations and Acronyms

ACSM	Advocacy, Communication, and Social Mobilization
AH	Adolescent Health
AIDS	Acquired Immune Deficiency Syndrome
APC	Advancing Partners and Communities
BCC	Behavior Change Communication
CRM	Common Review Mission
CTD	Central Tuberculosis Division
DOHFW	Department of Family Welfare
EAG	Empowered Action Group
FP	Family Planning
GOI	Government of India
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technology
IEC	Information, Education, and Communication
IHBP	Improving Healthy Behaviors Program in India
IPC	Interpersonal Communication
IR	Intermediate Result
IVR	Interactive Voice Response
JRM	Joint Review Mission
KM	Knowledge Management
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MOHFW	Ministry of Health and Family Welfare
MOU	Memorandum of Understanding
MOWCD	Ministry of Women and Child Development
MTOT	Master Training-of-Trainers
NACO	National AIDS Control Organization
NACP	National AIDS Control Program
NGO	Nongovernmental Organization
NHCRSC	National HIV/AIDS Communication Resource and Support Centre
NHM	National Health Mission
NIHFW	National Institute of Health and Family Welfare
NRHM	National Rural Health Mission
OR	Operations Research
ONA	Organizational Needs Assessment
PIP	Project Implementation Plan
PLHIV	People Living with HIV
Popcouncil	Population Council
PPIUCD	Post-Partum Intrauterine Contraceptive Device
PPTCT	Prevention of Parent-to-Child Transmission of HIV
PR	Public Relations
PRI	Panchayati Raj Institutions
PSI	Population Services International
RMNCH+A	Reproductive, Maternal, Neonatal, and Child Health plus Adolescent
RNTCP	Revised National Tuberculosis Control Program

S&D	Stigma and Discrimination
SACS	State AIDS Control Society
SBCC	Social and Behavior Change Communication
SOP	Standard Operating Procedure
TA	Technical Assistance
TB	Tuberculosis
TWG	Technical Working Group
UP	Uttar Pradesh
USAID	U.S. Agency for International Development

I. Introduction

A. Background

In October 2010, the U.S. Agency for International Development (USAID)/India awarded a task order to the Academy for Educational Development (AED) to implement a project called “Behavior Change Communication – Improving Healthy Behaviors Program in India” (IHBP) for a base period of three years with two, one-year options. With Family Health International’s (FHI 360) acquisition of AED in early 2011, the task order was novated to FHI 360 in June 2011. FHI 360 is the prime contractor responsible for management and technical guidance of the project. FHI 360’s subcontractors include the Population Council (Popcouncil), which is responsible for operations research (OR) and support to monitoring and evaluation (M&E) activities, and Population Services International (PSI), which supports social and behavior change communication (SBCC), mid-media, and interpersonal communication (IPC) activities.

The overall goal and approach of IHBP is to improve adoption of positive healthy behaviors through institutional and human resource capacity building of national and state institutions and through development of strong, evidence-based SBCC programs for government counterparts.

At the time of the task order award, in October 2010, the geographic focus of IHBP at the state level was Uttar Pradesh (UP), where the project was to cover 10 districts. However, with the amendment of USAID’s Health Partnership Program Agreement with the Government of India (GOI) in September 2011, USAID instructed IHBP to focus its technical assistance (TA) at the national level, with support to community mobilization and IPC activities in selected pilot districts. After further discussions with GOI, in 2013, IHBP was asked to close its UP office and instead provide TA to Empowered Action Group (EAG) states, and by end of Year 3, to focus on eight specific priority states.

In March 2013, USAID issued a change order, revising the scope of work and extending the task order for an option period—October 1, 2013, to December 12, 2014—based on the end date of the related indefinite quantity contract TASC3. While in the base period of the IHBP project, Years 1–3, IHBP focused on four intermediate results (IRs), the work plan for the option Year 4 focused on only two of those IRs. These were:

- **IR 1:** Institutions and capacity strengthened to design, deliver, and evaluate strategic communication at national, state, and district levels
- **IR 2:** Accurate and appropriate knowledge/attitudes increased in individuals, families, communities, and providers at district, state, and national levels

In Year 4 IHBP continued to provide TA to develop national- and state-level institutional capacity to design, deliver, and evaluate strategic evidence-based SBCC programs that would

- Increase knowledge and attitudes of individuals, families, communities, and health providers about health
- Promote an environment where communities and key influencers supported positive health behaviors

- Reduce barriers of vulnerable populations—for example, women, people living with HIV (PLHIV), and tuberculosis (TB) patients—to demand and access health services

The project focuses on four program areas (called program elements in the task order): HIV/AIDS, family planning (FP)/reproductive health, TB, and maternal and child health (MCH). TA focuses on strengthening institutions and human resource capacity for SBCC in the Ministry of Health and Family Welfare (MOHFW), including the National AIDS Control Organization (NACO), the Central TB Division (CTD), and the National Institute of Health and Family Welfare (NIHFW), a MOHFW-affiliated training institution. IHBP is also supporting limited efforts to strengthen SBCC capacity in the Ministry of Women and Child Development (MOWCD) that will improve information and communication activities for child nutrition within its Integrated Child Development Services program.

Gender

At IHBP, all campaigns are developed keeping gender equity and empowerment in mind. Audience consultations are held with key audiences as part of IHBP's material development processes, and all materials are pretested with both male and female audience groups before production. As part of concept development and pretesting, IHBP ensures that materials and messages are comprehended, liked, and acceptable. This includes looking at the findings through a gender lens. Materials are also reviewed internally within IHBP and by stakeholders to ensure gender inclusiveness when appropriate and that the content and messages are positive and do not promote gender stereotyping in any way.

Campaigns on FP and maternal health, which convey messages primarily for women, are designed to address the couples rather than just the women, to promote male responsibility in matters concerning the health of mother and child. Male involvement in the family's health issues will lead to a dialogue between spouses and contribute to gender balance or equity at the household level. Couples, therefore, become key audiences in these campaigns.

The roles of both men and women as audiences and potential communication channels are analyzed as part of using a socioecological framework for change. For effective rollout of the campaigns, orientation and training workshops encourage participation from men and women as do the folk media groups and their trainings.

During capacity-building initiatives, participation of female trainees at all levels is encouraged. Moreover, listening to women's perspectives on the issues discussed in the workshop is well considered and documented for better understanding. Advocacy is conducted with national- and state-level authorities on gender considerations while designing communication activities and creating opportunities that allow equal participation.

B. Work Plan Overview FY 5 (October 1–December 12, 2014)

This narrative describes the annual work plan for Year 5 of IHBP project—to be implemented in the last 2 months and 12 days of the project, from October 1 until December 12, 2014. In this year, IHBP’s primary focus will be on completing the carryover activities from past years, with the focus only on IR 1 and IR 2 enumerated above, as well as on project closeout activities. One new campaign on TB-HIV co-infection that CTD requested in Year 4 will be completed during this work plan year.

B.1 Year 4 Focus on Capacity Building at the National Level, Development of New Campaigns, Improved Skills in SBCC, and Rollout of Campaigns at State level

In Year 4, IHBP focused on strengthening the SBCC capacity of government counterparts and on implementing the plan of action developed in Year 3.

Under the revised scope of work for the option Year 4 from October 1, 2013, to December 12, 2014 (which includes Year 5 as well as Year 4 activities), the project shifted its focus to work at the national level to improve the overall system of SBCC and at state levels to improve systems and skills in SBCC and support the implementation of campaigns.

Some highlights included the following:

1. MOHFW – Information, Education, and Communication (IEC); FP; Maternal Health; and Adolescent Health (AH) Divisions

In Year 4, IHBP continued to provide TA to the MOHFW to operationalize the recommendations of the organizational needs assessment (ONA) for the IEC Division and to advocate for higher priority and increased funding for IEC/SBCC at both national and state levels. To build the capacity of the IEC Division, IHBP placed six full time consultants in the ministry. These consultants were instrumental in strengthening the connection between the IEC Division and the MOHFW’s program divisions and in developing structured job descriptions and deliverables for the IEC/SBCC cell.

During the year, IHBP consultants, under the supervision of IHBP Delhi’s office, developed a project implementation plan (PIP) guidance note for SBCC, which emphasized the use of mid-media and IPC, along with development of an evidence-based plan, which included situation analyses and audience segmentation. This guidance note was endorsed by the MOHFW and incorporated in the National Health Mission (NHM) guidelines that were sent to the states to develop state PIPs in April and May 2014. At the same time, IHBP developed a standard operation procedure (SOP) for appraising the state PIPs that was followed to review and analyze the SBCC sections of the state NHM PIPs.

IHBP provided TA to MOHFW by developing 360-degree SBCC campaigns, at the request of the FP and AH divisions, on post-partum intrauterine contraceptive device (PPIUCD) promotion, menstrual hygiene, and teenage pregnancy. The project also assisted in the rollout

of campaign materials to a number of states, by holding state-level training workshops, including training of folk troupes, and by providing national and state-specific media plans.

TA in Institutional Strengthening Provided for Eight States

Since the redirection by USAID to focus on two EAG states and six USAID-led states, IHBP placed state-based technical experts in Jharkhand, Rajasthan, Uttarakhand, Chhattisgarh, Haryana, Punjab, Delhi and Himachal Pradesh to assist the states in capacity building, improved budgeting, and rollout of important campaigns at the grassroots level.

With the assistance from the embedded IHBP state staff, in Year 4 these eight states were able to develop the SBCC PIPs as per the MOHFW SBCC guidance note. The IHBP team assisted in developing a proper rationale for each activity proposed and a corresponding budget with prescribed details. All IHBP state staff were trained in the project's 5-day SBCC curriculum (training module and toolkit). Similar trainings on the SBCC curriculum were also conducted for the IEC/SBCC staff in all the eight states. In some states like Haryana and Jharkhand, trainings on the frontline workers' module and the IPC module were also held in the last year. IHBP's staff in the eight states also assisted in the rollout of 360-degree communication campaign materials in their states, as well as in other non-project states like Odisha, Gujarat, Assam, UP, and Bihar. To strengthen the capacity of states in mid-media implementation, training of folk troupes was conducted in Haryana and Jharkhand.

State-specific mass-media plans have been developed for Jharkhand, Uttarakhand, Haryana, and Rajasthan. Three states (Rajasthan, Jharkhand, and Uttarakhand) were provided TA through campaign orientation workshops to adapt and implement the IHBP-developed reproductive, maternal, newborn, and child health plus adolescents' (RMNCH+A) campaign and develop district rollout plans. In the Year 4, three states (Jharkhand, Haryana, and Delhi) were provided support to develop improved IEC/SBCC structures through revised job descriptions and regular performance reviews.

2. MOHFW – Central CTD

IHBP's TA to the CTD was in the areas of advocacy, communication, and social mobilization (ACSM). Over the last year, IHBP continued to support the program at two levels: 1) strengthening the policy parameters and tools at the national level; and 2) looking into innovative areas of SBCC that could generate evidence for future programming.

To strengthen ACSM, IHBP developed strategy documents and guidelines for the Revised National Tuberculosis Control Program (RNTCP) at the national level. The status report on ACSM that was developed in Year 3 identified lack of knowledge regarding implementation of ACSM strategy at the ground level as the main challenge for early detection and treatment of TB. In response to this, in Year 4, IHBP developed an operational handbook for ACSM that acted as ready reckoner for states and districts to plan, implement, and monitor ACSM. The handbook was reviewed and approved by CTD and ACSM experts at the National Advisory Committee.

To build the capacity of state IEC officers working under RNTCP to develop and design effective, evidence-based SBCC campaigns, IHBP, in collaboration with the NIHFW organized a 5-day SBCC training program at the national level, where 22 officers were trained. Following the SBCC training program, participants worked to prepare an ACSM plan for their respective states, which will be implemented after the approval of the state PIPs in 2014.

IHBP also supported CTD in training state officials in effective media engagement in RNTCP. IHBP conducted a training needs assessment of state IEC and TB officers and designed a training curriculum on media engagement. Eight state TB officers and 32 state IEC/ACSM officers were trained in media engagement, with a focus on the strategic importance of media, effective engagement with media to drive key messages, media engagement tools (e.g., preparing media briefs), press conferences, and preparing for interviews. In addition, as an advocacy initiative to provide correct, concise, and important information to media professionals, IHBP developed a TB resource guide for media professionals, so that they report on the issue sensitively and help in creating a positive environment for the CTD program.

With support from PSI, IHBP developed a social media campaign on TB, using a Facebook interface and a microsite to create awareness about TB notification among private sector health providers. IHBP also initiated a pilot study on the use of mobile short message service technology to create awareness among private health providers; Ayurveda, Yoga, Unani, Siddha, and Homeopathy providers; chemists; and radiographers regarding diagnosis and treatment protocols for TB. The pilot also aimed to motivate them to become directly observed therapy short course providers. The pilot was implemented in the Ambala and Sonapat districts of Haryana.

The CTD requested IHBP to assist in developing an urban ACSM strategy and a revised health communication strategy for TB, which will be completed in October 2014.

3. MOHFW –NACO, formerly Department of AIDS Control

IHBP's TA to NACO was a direct result of the need of the National AIDS Control Program (NACP) IV to integrate SBCC in all program components and to have a focused communication approach.

National HIV/AIDS Communication Resource and Support Center (NHCSRSC) Set Up

IHBP provided support to NACO to strengthen technical capacity in SBCC by strategically setting up a nodal institution (NHCSRSC) that comprised technical staff with competence to design, deliver, and evaluate SBCC campaign strategies and products and provide TA in SBCC to State AIDS Control Societies (SACSs). These consultants were placed in the IEC Division and the NHCSRSC as well as in supported states to assist with developing their annual action plans and implementing NACO's national-level campaigns at the state level. The NHCSRSC staff received SBCC training from IHBP.

In Year 4, IHBP supported NACO by providing tools and communication campaigns; by making the digital resource center functional; and by working closely with NHCRSC staff to strengthen competencies in SBCC, M&E, and contract/vendor management.

Capacity Building Strategy and Training Plan

In Year 4, NACO adapted the IHBP-developed SBCC curriculum to NACO's requirement with IHBP support toward building capacities of IEC officers at national and state levels in communication for HIV/AIDS. A first-ever training on communication planning and management was organized for 112 IEC officers in NACO during the work plan year. SBCC trainings were planned using a cascade model, whereby a 5-day training of 14 master trainers (MTOT) was organized for officers from NACO and SACS. These master trainers then rolled out the national-level trainings. Participants included senior level officers such as Joint Directors-IEC and Deputy Directors-IEC from the states of Andhra Pradesh, Kerala, Tripura, UP, Bihar, Rajasthan, and Gujarat; Regional Communication Officers of North East India and Southern India; three NHCRSC team members; and four staff from the IEC Division. Nine master trainers were identified after the MTOT to conduct further trainings for NACO within states. As a result of these trainings, the planning and implementation of state annual action plans were strengthened.

Campaign Development

During Year 4, IHBP completed two campaigns: one on prevention of parent-to-child transmission (PPTCT) of HIV, and another on prevention of stigma and discrimination (S&D) among health care providers toward PLHIV. A central component of the S&D campaign was an Internet advocacy sub-campaign that advocated with doctors to practice equal care treatment of HIV/AIDS and all patients. The campaign was launched on July 1, 2014, and celebrated as part of Doctor's Day. IHBP partnered with the Indian Medical Association and MedAchivers.com to launch the campaign. The campaign and its website (www.heroesinwhite.com) were launched by Dr. Harsh Vardhan, Union Health Minister, and more than 100 doctors signed on to the campaign digitally at the event.

4. MOWCD

In Year 4, IHBP continued to provide TA to MOWCD by embedding a consultant who provided technical support for information technology and marketing for the Nutrition Resource Platform. The Nutrition Resource Platform was awarded a silver medal in the sector-specific category of health by the Department of Administrative Reforms and Governance, GOI.

5. Research and Monitoring and Evaluation

In Year 4, a number of research activities were carried out successfully. This included conducting desk research, audience consultations, and pretests for all the campaigns that were developed for the MOHFW, NACO, and CTD during the year. In addition, the two planned OR studies proposed by Popcouncil that were previously delayed were rolled out in Year 4. For NACO, one evaluation study on voluntary blood donation was completed, and two new

evaluation studies on PPTCT and long-format programs were initiated during the year. These studies will be completed in Year 5.

To build capacity of IEC/M&E staff at national and state levels in M&E of communication, an SBCC M&E module and facilitator's guide was developed with the help from Popcouncil and disseminated at one 3-day national level and three state-level training workshops; a total of 85 government officials were trained. A significant achievement in M&E this year was securing SBCC indicators within the government M&E system in Haryana and Jharkhand.

B.2 Focus Approach for IHBP Work Plan Year 5

The work plan for Year 5 reflects completion of activities agreed upon with USAID and the GOI. These include carryover activities not yet begun or in process, as of the end of Year 4, in addition to closeout activities. The majority of activities are expected to be finalized by October 31, 2014, with a few activities finalized by November 15, 2014.

The Year 5 work plan will continue to focus on two IRs:

- **IR 1:** Institutions and capacity strengthened to design, deliver, and evaluate strategic communication at national, state, and district levels
- **IR 2:** Accurate and appropriate knowledge/attitudes increased in individuals, families, communities, and providers at district, state, and national levels

The major focus areas for the Year 5 work plan will be as follows:

1. Continued TA and Support for Institution Strengthening and Capacity Building for SBCC at National and State Levels

MOHFW

IHBP will continue to provide TA to the MOHFW to operationalize the recommendations of the ONA for IEC Division and to advocate for higher priority and increased funding for IEC/SBCC at both national and state levels. In Year 5, IHBP will continue to provide full-time consultants to the Ministry and its divisions to strengthen IEC/SBCC capacity through early November 2014 (pending USAID concurrence).

A desk research on PIP and budget allocations for the past 3 years in selected states will be completed during this time period.

NIHFW

IHBP will continue to develop the NIHFW as the nodal institute for SBCC capacity strengthening in India. IHBP will undertake an MTOT to create a pool of specialist SBCC trainers who can be available at any time to undertake SBCC trainings anywhere in the country as per NIHFW's requirements. IHBP will, along with UNICEF, provide TA to NIHFW toward creating a repository of health communication materials in India. IHBP will be involved in the activity in a consultative capacity after October 30, as UNICEF will take the lead role thereafter.

Together with CTD, IHBP will continue to support the ACSM component of the RNTCP. In the remaining period, IHBP will complete the ACSM urban strategy and health communication strategy and deliver them to the government as a part of IHBP's dissemination plan.

2. Increased Focus on Capacity Building as Well as Institution Strengthening at the State Level for RMNCH+A

IHBP will provide TA to eight priority states previously supported under the project for improved implementation of the SBCC components of the RMNCH+A strategy in high-priority districts. IHBP will continue to support the placement of staff as required at the state level, support technical working groups, provide support for developing the PIP implementation guidelines, and disseminate the state communication strategy and plans developed for Haryana and Uttarakhand. The project will also complete the process documentation of at least one state to show improved SBCC structures, based on the TA provided by the project.

3. Continued Focus on Direct TA for Strategic Evidence-Based National-Level SBCC Campaigns and Support to States for Rollout as Required

IHBP will complete the campaign on teenage pregnancy and submit all the campaign deliverables by October 1, 2014. IHBP Delhi and state-placed staff will also assist states to adapt and implement IHBP-developed RMNCH+A campaigns through orientation workshops, a campaign rollout reference guide, and state and district rollout plans.

4. Cross-Cutting Themes

IHBP activities in Year 5 have several cross-cutting themes interwoven, including:

- *Gender-based focus* – In Year 5, the project will continue to promote gender equality and women's empowerment in communication campaigns. This especially applies to male involvement in FP and antenatal care and improving the status of women through the menstrual hygiene campaign to be rolled out under the MOHFW's AH Division.
- *Innovations* – For the mobile interactive voice response (IVR) course on PPIUCD and the 9 Minutes game, the evaluation protocols will be developed in Year 5. The menstrual hygiene game will be developed and pretested during the Year 5.
- *Leveraging of public and private funding/alliances* – In Year 5, IHBP will widen and scale up partnerships with the private sector and transition partnerships into the Advancing Partners and Communities (APC) mechanism. IHBP will continue to work with the public relations (PR) agency under the existing contract to enhance the media leverage and complete negotiations with the various private sector organizations with whom the talks have been ongoing since Year 4.

5. Documentation and Dissemination of Key Lessons in SBCC

In the final period of the project, a number of documents and tools will be finalized, printed, and disseminated. An end-of-project workshop will be conducted to highlight lessons learned from project activities, including dissemination of results and recommendations from ONAs of IEC Divisions in two ministries, recall studies from campaigns, pre and post state capacity assessments, and the two OR activities to be completed this year. Monographs for “Good Practices in SBCC” for HIV, TB, FP, and maternal health will be shared, as well as training modules for SBCC with accompanying toolkits. Finally, the project will highlight innovative approaches to communication and research, such as findings from the two ORs studies, use of social media and the Internet to reach key audiences, and development of mobile games and IVR for training and to strengthen IPC.

II. Project Management

In Year 5, IHBP plans the following program management activities:

- Continue timely administrative support to assist technical staff in achieving work plan and overall project deliverables before the planned project closeout.
- Prepare the annual report for Year 4 along with project closeout and financial reports.
- Ensure disposition of property in accordance with the USAID-approved disposition plan.
- Plan for project dissemination and conduct dissemination meetings at both state and national levels, including closing workshops.
- Conduct closing workshop with stakeholders at state level for all states IHBP has worked in with, including with leveraging partners.
- Close out all relevant contracts and agreements with relevant research, creative, and other technical agencies contracted to assist IHBP in completing work plan deliverables.
- Close contracts with all long-term consultants in place to support GOI in conducting SBCC activities.
- Conduct regular project progress meetings with subcontractors PSI and Popcouncil and also with USAID to review work plan deliverables before the planned closeout.
- Provide input to the draft evaluation report developed by the external project evaluation team that was contracted by USAID.
- Ensure effective dissemination and delivery to relevant government partners (national ministries, state/province/district, local) and other key stakeholders of project activities and discuss and execute the transition plans.
- Ensure proper closeout of IHBP office, shipment of files back to the United States, which includes project reports in original, original documents relating to procurements processed in the field, electronic files of the project documents on external drive, if any, and statutory certificates issued by bank or government departments.
- Prepare and submit the project's final financial and technical report after project close per contractual timelines.

III. Work Plan: October – December 2014: Ministry of Health and Family Welfare (MOHFW)

A. Background/Introduction

In 2005, MOHFW launched a 7-year flagship program called the National Rural Health Mission (NRHM) to strengthen the country's public health care delivery system. In 2014, the program was renamed the National Health Mission, and it now includes an urban health program under the flagship. SBCC ("IEC" in NRHM's parlance) is considered an integral part of NHM's mission, vital for persuading a range of stakeholders to change their attitudes and behaviors and increase demand for services and improved quality of care.

A 2008 program under a UNICEF-supported study indicated that although the IEC Division of MOHFW conducts an "impressive range of activities," about 90 percent of its budget outlay (2006–2007) pays for the activities of the Ministry of Information and Broadcasting, along with television and radio time, placing high priority on NRHM branding. The study acknowledged MOHFW's efforts to improve thematic campaigns and distribution of audio, video, and print materials to various audience groups at the state level, but also suggested the need for a national-level SBCC strategy and monitoring plan for IEC/SBCC activities. The latest findings of the Common Review Mission (CRM), Round 4, and the Joint Review Mission (JRM), Round 7, also acknowledge the need to strengthen capacity within the IEC Division. One key recommendation of JRM, Round 7, is to consolidate the IEC portfolio for better planning and achieving economies of scale, given that MOHFW considers the IEC Division the planner and coordinator of SBCC activities among various divisions within the ministry.

The aforementioned studies also recommended that the IEC Division finalize the proposed structure, staffing, and terms of reference for the SBCC Technical Support Unit and develop strategic media plans and a capacity-building plan for its national- and state-level staff.

This section describes IHBP's planned activities and results for Year 5 toward finalization of its support for institution strengthening and capacity building for MOHFW under the current mechanism. In the original proposal approved by USAID, institution strengthening was at the core of IHBP's approach. The vision was to strengthen MOHFW's IEC Division and other program divisions for SBCC. Based on increasingly strengthened capacities, SBCC activities at the national, state, and district levels (strategic planning, development of communication materials, mid-media, and IPC) will be implemented by these agencies with TA from IHBP.

B. IHBP Support for October 2014

Continuing the mandate of Year 4 (Option Year), IHBP will work to strengthen the capacity of NHM platforms to design and deliver integrated, strategic SBCC campaigns in Year 5. IHBP will continue to provide TA to the project by addressing gaps and recommendations laid out in the ONA. These include addressing the program's overdependence on mass media as a channel for SBCC, low utilization of funds for mid-media and IPC, lack of strategic planning and message reinforcement, and poor coordination between technical departments and the IEC team, as well as the center and the state.

IHBP's capacity-strengthening strategy marries practical, on-the-job training and tools with ongoing mentoring and TA within IEC cells through embedded SBCC and M&E consultants and staff. This approach aims to strengthen both institutional and technical competencies within various levels of NHM.

In the Year 5, IHBP will continue supporting the government at the center and state level through planned activities, which are discussed below under specific IRs.

IR 1: Capacity Strengthened to Design, Deliver, and Evaluate Strategic Communication at National and State Levels

1.1 Outcome 1: Organizational Structure, Management Systems and Processes, and Human Resources for SBCC Strengthened at National and State Levels

1.1.1 Engage with National Government to Obtain Buy-in and Agreement to Operationalize ONA Findings of the IEC Division

In Year 5, IHBP will maintain the momentum in advocating with the government to adopt the ONA recommendations through continued assistance in the area of strategic communication at the central level as well as within the eight states (four EAG plus four cusp states). The states will be supported strategically, based on assessed and agreed needs, with staff placed in states (except Delhi), which will be supported by the project office through early November. Working through technical working groups (TWGs)/IEC Bureaus/IEC Units, IHBP will assist in establishing and/or strengthening PIP development guidance and ensure inclusion of IHBP staff in CRMs. In Year 4, the TWG was made operational in Rajasthan and Chhattisgarh, where meetings have been held regularly. IHBP will continue to support the TWG in the two states during October of Year 5. One TWG meeting has been planned in Chhattisgarh and one in Rajasthan through October 31.

In Year 4, IHBP developed a PIP guidance note for the IEC Division that placed emphasis on the use of mid-media and IPC and on developing an evidence-based plan, which included situation analyses and audience segmentation. This guidance note was endorsed by the MOHFW and incorporated in the NHM guidelines that were sent to the state to develop PIPs in April and May 2014. Simultaneously, with IHBP's assistance, an SOP for appraising the state PIPs was developed to review and analyze objectively, the SBCC section of the state NHM PIPs. This has been used to appraise all state PIPs and provide comments on the proposed activities and budget.

Due to the general elections in India, evaluation of these state PIPs was delayed at the ministry level. The IHBP consultant placed in the ministry has reviewed all states' IEC PIPs (and not just states where IHBP works) and given feedback to the technical sections of the ministry for appropriate approval. This process of evaluation will be completed by September 30, 2014. Post-sanction of Record of Proceedings from MOHFW, which provides the sanction for the state PIP, IHBP plans to organize PIP implementation guidelines for six states through October.

Key outputs:

- Two TWG meetings supported in two states
- Six PIP implementation guidelines developed for six states

1.1.2 Staff Embedded within IEC Divisions/Bureaus at State Headquarters to Support RMNCH+A

a. Embed Consultants and Staff Focusing on RMNCH+A

IHBP will continue to provide human resources and TA to NHM with the assistance of the 3 consultants embedded at the central level and 12 staff members in the streams of SBCC, capacity building, and M&E in Uttarakhand, Rajasthan, Chhattisgarh, Jharkhand, Punjab, Haryana, and Himachal Pradesh. These resources will continue to be placed within the IEC Divisions of the states' Departments of Family Welfare (DOHFW) or within the State Program Management Units through early November. Two of the M&E staff will be provided by Popcouncil, while FHI 360 will continue to provide the other 10 staff.

These individuals will continue the work from the previous year—strengthening the units' ability to design, implement, and evaluate strategic communication and coordinating with the TWGs/IEC Bureau/IEC section. IHBP staff and consultants will also provide assistance for the planning, implementation, and coordination of SBCC activities with the relevant divisions. Specifically, these roles will include:

- RMNCH+A capacity strengthening (central)
- SBCC planning and coordination (central)
- Media planning (central)
- BCC M&E (central), including bringing SBCC program review within the purview of the CRM
- BCC planning and coordination (with personnel placed in seven of the eight states)
- M&E (with one personnel embedded in Jharkhand by FHI 360 and two in Rajasthan and Uttarakhand by partner Popcouncil)
- Capacity strengthening (with four personnel embedded in Haryana, Jharkhand, Uttarakhand, and Rajasthan).

Key outputs:

- 3 consultants placed in the IEC Division at MOHFW
- 12 staff (including two supported by Popcouncil) placed in states and TA provided through October 2014

b. Strengthen Human Resource Systems

Based on the requests from states, TWGs in two states (with continued technical support from IHBP) will work to strengthen SBCC institutional structures and human resource systems. In Year 4, IHBP staff (center and states) developed job descriptions and responsibilities for SBCC divisions in Jharkhand, Haryana, and Delhi. Through the

embedded staff, IHBP will continue to strengthen the IEC/SBCC cells in three more states during Year 5.

Key output:

- Continuous on-the-job support through IHBP staff, as per their job descriptions

1.1.3 Campaign Implementation Support through TWG/IEC Bureaus for Health Communication

a. Assist States in Adapting and Implementing Campaigns

A key role of the IHBP staff at the state level will be to assist states in adapting and implementing MOHFW- and IHBP-supported campaigns. This includes initial or additional rollout of IHBP-supported maternal health/FP/PPIUCD/menstrual hygiene campaigns and the new campaign on teenage pregnancy that will be developed and delivered before October 15, 2014. The actual implementation, however, will happen only after the central approval on the state PIPs takes place and state level PIP planning is finalized for implementation. In Year 5, this may not be possible in all the states.

In Year 5, one campaign orientation workshop has been planned for Chhattisgarh in October 2014.

Key output:

- One campaign orientation workshop for Chhattisgarh

b. Conduct Campaign-Specific Workshops

In Year 4, IHBP had planned to conduct 2 national-level workshops and 10 state-level workshops for the campaigns developed for MOHFW. The state workshops, to be attended by the state and district IEC staff, had to be planned on request from the states. The 2 national workshops and 3 state level workshops will have been completed by September 2014.

Pending requests from two states (Punjab and Chhattisgarh) will be completed in October 2014.

Key outputs:

- Two state-level campaign-specific workshops
- Staff of program and IEC divisions oriented on the campaign development process
- State and district rollout plans

1.1.4 Development of Health Communication Strategy with Focus on RMNCH+A

On request from Uttarakhand and Haryana, IHBP has been supporting and facilitating the development of a state-specific, 3-year communication strategy and plan that provides direction to the two states to strengthen their institutional capacities for improved health communication in support of RMNCH+A. This TA is an ongoing activity that will be continued in Year 5.

In October, the dissemination of at least one state specific strategy will take place.

Key outputs:

- One workshop for dissemination of the state-specific communication strategy and implementation plan conducted
- Printing of the two strategy documents

1.1.5 SBCC Training Conducted to Improve Competencies in Evidence-Based SBCC at National, State, and District Levels

a. SBCC Capacity Strengthening

The SBCC module developed by IHBP during Year 3 has been used in a series of on-the-job communication workshops for government officials within states and NIHFWS. A memorandum of understanding (MOU) was originally signed with NIHFWS in October 2012 in support of IHBP's collaboration with this agency. IHBP provides extensive technical support to NIHFWS to conduct workshops for state- and district-level officers. Refresher training for the current staff and new training for new staff will continue in Year 5 to reinforce SBCC skills and their application. Two state-level trainings have been planned through October 31, 2014.

The MOU with NIHFWS will be extended through October 31, 2014, to allow for institutionalization of the SBCC training curriculum and toolkits within the existing curricula of NIHFWS, albeit with suitable modifications to allow sustainability of the learning opportunities.

IHBP will provide TA to NIHFWS in creating a pool of master SBCC trainers, so that additional SBCC trainings can be conducted to fulfill the need throughout the district level. In mid-October, IHBP plans to organize an SBCC MTOT for a select cadre of 20 trainers.

As part of, this effort, IHBP, along with UNICEF (under the MOU with UNICEF), will provide TA to NIHFWS to plan, start, and operationalize a multimedia-enabled SBCC resource center in NIHFWS and support activities for its sustainability. The resource center will act as a repository for all FP-, MCH-, and RNTCP-related IEC/SBCC initiatives in India aiming at capacity development.

Key outputs:

- MTOT training conducted by IHBP for SBCC at NIHFWS
- Extension of MOU with NIHFWS through October 2014

b. Training of Frontline Workers' Supervisors

The training framework was developed in Year 4 for auxiliary nurse midwives and their supervisors for use with additional frontline workers, including accredited social health activists, with emphasis on IPC. Accordingly, trainings have been held in Haryana and

Himachal Pradesh. In Year 5, one follow-up training of frontline workers' supervisors will be held in Haryana.

Key output:

- One follow-up training for frontline workers' supervisors in Haryana

c. Folk Media/Theatre Training

In the effort to enable states to design and implement 360-degree communication, IHBP provides training to develop and roll out folk media/theatre groups at the state level. In Year 4, it was planned that IHBP would hold trainings for master trainers in five states who would then train the other folk troupes in the state. However, while working with the states on folk media training, IHBP realized that the state governments do not require training of master trainers; instead, they have requested IHBP to directly train their state empanelled folk troupes and prepare them to perform across different locations in a state, independently.

In keeping with the wishes of the state, IHBP, with the help of a hired agency, has trained 12 troupes in Jharkhand and will have completed training in Haryana and Chhattisgarh by September 30, 2014.

In Year 5, IHBP will continue to work with the hired agency to develop new scripts on thematic areas related to the teenage pregnancy campaign that is being developed for MOFW before October 15, 2014. In Year 4, IHBP hired another agency to develop a mid-media training guide for use by trainers to train theatre troupes at state and district levels, which will be prepared and completed by October 31, 2014.

Key outputs:

- Scripts for one new campaign to be developed
- Folk media (mid-media) training module developed

1.1.6 PIP Process Strengthening

IHBP will continue to support states in their PIP implementation planning related to SBCC. The project has been placing emphasis on state needs to increase requests for SBCC-related funding for human resources, capacity strengthening, and M&E, as well as to expand the role of mid-media and IPC channels as part of a comprehensive communication approach. This is reflected in all the state PIPs that have been developed under IHBP guidance; they await approvals from the central government. After approval, IHBP will support the states in developing implementation plans that reflect innovative ways to address challenges in using and monitoring communication approaches and in ensuring their quality (for example, real-time, mobile monitoring systems; identification of new, effective mid-media channels). Some of this support may continue under the APC contractual mechanism.

a. Analysis of State Budgets and PIP Allocations for States

IHBP with the help of a research agency, is conducting a desk analysis of the states' budgets and PIP allocations over recent years and for the upcoming year to measure shifts in

allocation/spending that may be attributed to the project's TA and as a means of comparing different degrees of TA provided to the states (for example, some states will have IHBP-supported staff embedded and others have only received regional or ad hoc support).

Key output:

- Research report

IR 2: Accurate and Appropriate Knowledge, Attitudes Increased in Individuals, Families, Communities, and Providers at District, State, and National Levels

IHBP supports MOHFW and state DOHFWs in developing strategic communication plans and campaigns that use new and expanded mid-media and IPC strategies and technology innovations. For each campaign, support tools will be developed for both central and state levels to guide optimal implementation and rollout.

2.1 Outcome 1: Evidence-Based Strategic Plan and Campaigns Developed

2.1.1 Development of SBCC Strategies and Campaigns for FP and MCH under RMNCH+A

The campaigns under RMNCH+A, requested by the MOHFW's FP, maternal health, menstrual hygiene, and teenage pregnancy divisions were developed and completed in Year 4. The recent campaign on teenage pregnancy will be delivered to the government by October 15, 2014. In Year 5, submission of a short film will take place. The component of innovative information and communication technology (ICT) applications in the campaigns related to FP, menstrual hygiene, and maternal health will be further developed in Year 5. This is discussed in a section ahead.

Key outputs:

- Final teenage pregnancy campaign
- Short film on teenage pregnancy

2.2 Outcome 2: Availability of SBCC Tool for States to Develop Evidence-Based State-Specific Campaigns

2.2.1 Support to Central, State, and District Levels to Launch and Implement Campaigns

a. Develop an SBCC Implementation Guide

IHBP is developing a master SBCC implementation guide to be used by state- and district-level officials for media planning, implementing, and monitoring campaigns. This guide can be customized for a specific state and /or campaign, as per the request from states. Under IHBP, this implementation guide will be customized for Uttarakhand and Haryana, for which a communication strategy is being developed in Year 4.

The development of the master implementation guide will be done through an external consultant or agency after issuing a contract. Under APC this SBCC implementation guide can be customized for other states for each campaign.

Key output:

- SBCC master implementation guide

2.3 Outcome 3: Mass Media, Mid-Media, and IPC Campaigns/Activities Regularly Monitored and Evaluated

2.3.1 Innovative Media Campaign Integration Demonstrated

IHBP will pilot the use of innovative media across IPC, capacity-strengthening, and/or SBCC monitoring programs. Evaluations of these tools will also focus on the potential for scale-up of any given innovation. All pilot activities will be implemented (assuming under APC) in keeping with one or more of IHBP's campaigns (MCH, FP, HIV/AIDS, and TB). In Year 5 under IHBP, support to the design and evaluation of these pilots will be provided.

Three applications have been developed in Year 4. These are:

- Mobile IVR course on PPIUCD (completed by September 30, 2014)
- Menstrual hygiene game on mobile phone (to be completed by October 15 2014)
- 9 Minutes game adaptation on maternal health (completed by September 30, 2014)

Key outputs:

- Protocol for pre-evaluation of the mobile IVR course on PPIUCD and 9 Minutes game adaption
- Pretest report for menstrual hygiene game

2.3.2 Operations Research on Effectiveness of Self-Help Groups for Community Mobilization

This activity was initiated in Year 3, carried into Year 4, and will be completed by October 31, 2014. Popcouncil has been the lead for this research, which was conducted in Uttar Pradesh from December 2013 to May 2014. The purpose of the OR study was to examine the feasibility of integrating of health topics into existing self-help group activities (microfinance and women's empowerment) to further disseminate information and engage key audiences. This approach may change behaviors in the long run and also reach underserved populations.

Key output:

- Study report

2.3.3 Operations Research on Male Involvement in FP and Maternal Health through Use of Mobile Phones

This activity was initiated in Year 3, carried into Year 4, and will be completed in October 2014. Popcouncil has been the lead for this research, which was conducted in Uttar Pradesh from December 2013 to May 2014.

Key output:

- Study report

MILESTONES AND WORK PLAN FOR IHBP: October–December 2014

Ministry of Health and Family Welfare: IEC Division

Key Activities		Level			Expected Output (Milestone)	Months			
Sl. No.	Description	National	State	District		Oct 2014	Nov 2014	Dec 2014	Remarks
1.1.1	Support government technical working groups/IEC divisions/state IEC cells to operationalize ONA findings with focus on RMNCH+A				2 TWG meetings supported at state level with TA				In 2 states (Rajasthan & Chhattisgarh)
					PIP implementation planning guidelines developed for 2 states				The activity depends on when the center approves the state PIPs .
					3 consultants placed in IEC Division, MOHFW				Through November 7, 2014
1.1.2	Support staff embedded within IEC divisions/bureaus at state headquarters to support RMNCH+A				12 Staff (including 2 supported by Popcouncil) placed within states; TA provided				Through mid-November, 2014
1.1.3	Campaign implementation support through TWGs/IEC Bureau for health communication				Campaign rollout workshop in one state				In Chhattisgarh
					Campaign specific orientation in 2 states (pending from Year 4)				Punjab & Chhattisgarh
1.1.4	Development of health communication plans with focus on RMNCH+A				1 workshop for dissemination of state-specific 3-year communication strategy				
1.1.5 a	SBCC training conducted for improved competencies at national, state, and district levels in evidenced-based SBCC				1 MTOT training in SBCC				
b	Frontline health worker training				1 training				In Haryana
c	Folk media/theater training				Folk media/theater training manual to be developed				
					Training conducted in at least 1 state				
	SBCC training of master trainers at NIHFW				Training reports				2-day training of master trainer on SBCC
1.1.6	PIP process strengthening				Report on PIP allocation & budget analysis				

Key Activities		Level			Expected Output (Milestone)	Months			
Sl. No.	Description	National	State	District		Oct 2014	Nov 2014	Dec 2014	Remarks
2.1.1	SBCC campaign development				Short film on teenage pregnancy				
2.2.1	Support to central, state, and district levels to launch and implement campaigns				Universal SBCC implementation guide customized for any SBCC campaign				
2.3.1	Innovative ICT/new media interventions demonstrated				Evaluation protocol development				Mobile IVR course on PPIUCD; 9 Minutes adaptation
2.3.2	Operations research on the effectiveness of self-help groups for community mobilization				Report on findings				Conducted in a district in Uttar Pradesh with self-help groups.
2.3.3	Operation research on male involvement in FP and maternal health through the use of mobile phones				Report on findings				Conducted in different districts in Uttar Pradesh.

IV. Work Plan: October–December 2014: Central Tuberculosis Division (CTD)

A. Background/Introduction

The RNTCP is a GOI national health program that aims to consolidate the gains made in the first and second phases of the TB program, widen services in terms of both activities and access, sustain progress toward achieving the country's commitment to TB-related targets set by the Millennium Development Goals for 2015, and achieve TB control in the longer term. The MOHFW CTD is responsible for implementation of the RNTCP.

According to the RNTCP Annual Report for 2012, an effective ACSM strategy is in place, confirming the importance of ACSM under the STOP TB Strategy component “empower people with TB, and communities through partnership.”

The RNTCP Annual Reports 2011 and 2012 also recognized gaps in systematic planning and implementation of need-based and locally appropriate ACSM activities at state and district levels. A study titled *Impact Assessment of RNTCP II Communication Campaign (on Knowledge, Attitudes, and Practices) of Target Audiences*, conducted among different categories of respondents, including state TB Officers, state IEC Officers, and district TB Officers, had the following recommendations:

- State IEC cells need to update their knowledge of ACSM.
- Communities should be involved in the program.
- Training of trainers and health staff should be done at frequent intervals.
- ACSM should be conducted by private agencies.
- Documentary films should be used to generate awareness about TB.
- Mass media spots should be developed in local languages.
- Capacity-building and experience-sharing programs should be organized.

IHBP is responsible for USAID's TA in ACSM on TB which will continue and be completed early in Year 5.

IHBP's mandate is to provide TA for strengthening capacities in ACSM at the national and state levels. The TA plan is the outcome of IHBP's plan of action, which was submitted to CTD on March 26, 2012. IHBP has proceeded with this agreed TA, better delineated over time through discussions with CTD and categorized under institution strengthening and improvement in media capabilities.

B. IHBP Support for Year 5

In Year 5, IHBP will close TA to RNTCP to strengthen the technical overview systems existing at the CTD for improved implementation of the ACSM strategy. In October 2014, IHBP will complete all the tasks committed for operationalizing the recommendations of the ACSM status report and the Urban ACSM Strategy. This includes documentation, printing, and delivery of strategy documents, handbook, and

training manuals to CTD. IHBP will also provide communication support on developing a campaign on TB-HIV co-infection within this time frame.

IR 1: Capacity Strengthened to Design, Deliver, and Evaluate Strategic Communication at National and State Levels

1.1 Outcome 1: Organizational Structure, Management Systems and Processes, and Human Resources for SBCC Strengthened at National and State Levels

1.1.1 Support Operationalization of ACSM Status and ACSM Strategy Report Recommendations

IHBP will provide need-based support in operationalization of the ACSM handbook. States will use the handbook in ACSM planning and implementation.

Key outputs:

- One consultation workshop on 15-16 September
- One dissemination workshop of urban ACSM strategy

1.1.2 Support to CTD

In Year 5, IHBP will continue to support the placement of one consultant to support CTD's ACSM initiatives until November 7, 2014. The embedded consultant will advocate adapting the SBCC training curriculum to strengthen competencies to design and deliver 360-degree approaches to strategic communication for TB.

Key outputs:

- Extension of consultant
- TA provided to advocate for SBCC

IR 2: Accurate and Appropriate Knowledge, Attitudes Increased in Individuals, Families, Communities, and Providers at National, State, and District Levels

2.1 Outcome 1: Evidence-Based Strategic Plans and Campaigns Developed for Tuberculosis

2.1.1 Support for Mass Media or Social Media on World TB Day

IHBP has, through its partner PSI, supported the development of a social media campaign for World TB Day. In October 2014, the documentation of the campaign will be completed.

Key output:

- Documentation of the social media campaign on World TB Day

2.1.2. Support for SBCC Campaign Development

In Year 4, IHBP initiated the development of an SBCC campaign on TB-HIV co-infection. The objective of the campaign is to increase awareness among HIV patients on TB testing and treatment services and to promote HIV testing among TB patients. It will not only create awareness and promote behavior change but will also support the TB-HIV framework and develop capacities of CTD in facilitating design and development of SBCC campaign. The campaign will also aim to increase the demand for TB-HIV control services through synchronized communication at the mass media, mid-media, and IPC levels. The situational analysis and audience consultation has been completed.

In October, the campaign will go into production, after being pretested and a 360-degree campaign will be submitted to the government for implementation.

Key Outputs:

- Campaign production
- Pretests

MILESTONES AND WORK PLAN FOR IHBP: Year 5
Ministry of Health and Family Welfare: Central TB Division

Key Activities		Level			Expected Output (Milestone)	Months			
Sl. No.	Description	National	State	District		Oct 2014	Nov 2014	Dec 2014	Remarks
1.1.2	Support to CTD				1 consultant placed				Consultant contract until Nov 7, 2014
2.1.1	Campaigns on World TB Day and thematic issues, including mass media or social media support				Report on social media campaign on World TB Day				To be implemented with PSI support
2.1.2	Support SBCC campaign development				Pretest				
					Campaign development				

V. Work Plan: October–December 2014: National AIDS Control Program (NACO)

A. Background/Introduction

At the time of designing NACP IV, NACO clearly understood that strategic communication would play a vital role in the spectrum—from HIV prevention to treatment, care, and support, building on learning from the first three phases and taking into account the context and environment of Phase IV. SBCC was to be strategically positioned and integrated with all program components to achieve the goal of *accelerating reversal and integrating response*.

The key strategies proposed were:

- Enhancing awareness and knowledge levels in the general population to promote safe behaviors, focusing especially on youth and women
- Motivating and sustaining behavior change in a cross-section of identified populations at risk, including most-at-risk and bridge populations
- Generating demand for quality services
- Strengthening the enabling environment by facilitating appropriate changes in societal norms that reinforce positive attitudes, beliefs, and practices

The shift to a strategic communication approach in NACP IV should be seen through innovative, evidence-based programming and whether synergy between communication and program priorities is ensured.

B. IHBP Support for October 2014

IHBP's TA to NACO in Year 5 will be in the context of institution strengthening via NHCRSC, a nodal institution developed by IHBP, by strengthening its capacity to design, implement, and evaluate strategic communication initiatives. The activities will continue to include embedding trained staff within the organization; providing tools and communication products/campaigns; handing over the digital resource center which has been made functional; and completing the evaluation studies during the project period.

IR 1: Capacity Strengthened to Design, Deliver, and Evaluate Strategic Communication at National and State Levels

1.1 Outcome 1: Organizational Structure, Management Systems and Processes, and Human Resources for SBCC Strengthened at National and State Levels

1.1.1 Support for SBCC Capacity Strengthening through Placement of Long-Term Consultants

IHBP will continue to provide capacity strengthening through embedded consultants at NACO. This effort involves continued support for the placement of two consultants within the organization's IEC Division until October 15, 2014.

IHBP will also continue to support seven consultants through October 15, 2014, who comprise the NHCRSC, as well as the four regional communication officers who were recruited in Year 4. The project will support the NHCRSC through Year 5, aiming at mainstreaming it within NACO after the project ends.

Key outputs:

- Consultants embedded in the NHCRSC
- TA provided
- SBCC–HIV/AIDS module to be finalized and printed
- Printing and delivery of documents prepared by NHCRSC

1.1.2 Support NHCRSC Physical and Digital Library Promotion and Operations

IHBP initiated development of a digital resource center for NACO to serve as a repository of HIV/AIDS-related material, including guidelines, protocols, research studies, training material, and communication campaigns. Site architecture, key features, material to be hosted on the beta site, taxonomy, site design, descriptors of static pages, and content have already been completed. Content upload, testing of the beta site, a security audit by a CERT-IN agency, and site transfer from the host server to NIC servers will be completed by September 30, 2014.

Key output:

- Launch of website in mid-October 2014

IR 2: Accurate and Appropriate Knowledge, Attitudes Increased among Individuals, Families, Communities, and Providers at National, State, and District Levels

2.1 Outcome 1: Evidence-Based Strategic Plans Developed for HIV/AIDS

2.1.1 SBCC Campaign Development

The campaign on TB-HIV co-infection will begin production in October and will be completed by November 15, 2014. Three other campaigns—S&D, PPTCT, and Youth—that have been ongoing will be completed in October.

Key outputs:

- Pretest and production of materials (television commercial, radio, posters, hoarding, leaflet, and short film) for TB-HIV co-infection
- Pretest of some materials for three campaigns – PPTCT, Youth, and S&D
- Production of some materials for the three campaigns

2.1.2 Mass Media, Mid-Media, and IPC Campaigns/Activities Regularly Monitored and Evaluated

IHBP will complete the reach and recall study for PPTCT by October 30, 2014. The study for long-format program has not yet begun and therefore will be finalized only by November 15, 2014.

Key outputs:

- Two reach and recall study reports

2.1.3 Innovative Media Campaign Integration Demonstrated

Activities will continue for the website conceptualized for integration into the S&D campaign, which is an interface for doctors and the general population to discuss stigma faced by PLHIV within health care settings and ways to counter it.

Key output:

- Website for integration into the S&D campaign through October 30, 2014

MILESTONES AND WORK PLAN FOR IHBP: Year 5

NACO

Key Activities		Level			Expected Output (Milestone)	Months			
Sl. No.	Description	National	State	District		Oct 2014	Nov 2014	Dec 2014	Remarks
1.1.1	Support for SBCC capacity strengthening through placement of long-term consultants				7 + 2 + 4 consultants in IEC division/NHCRSC SBCC/regional offices HIV/AIDS module Printing/delivery of project documents				
1.1.2	Support NHCRSC physical and digital library promotion and operation				Launch				Contract until October 31
2.1.1	SBCC campaign development				3 campaigns pretest 3 campaign developed				To be completed by October 31
2.1.2	Mass media , mid-media, and IPC campaigns/activity regularly monitored and evaluated				2 reach and recall study				To be completed by October/November
2.1.3	Innovative media campaign integration demonstrated				Web activity for S&D				Until October 30

VI. Work Plan: October–December 2014: Knowledge Management (KM)

A. Background/Introduction

KM involves systematically and routinely creating, gathering, organizing, sharing, and using knowledge to help achieve project goals. KM supports IHBP's goal to improve government capacity to design, deliver, and evaluate strategic communication at all levels: national, state, and district. By improving access to and disseminating best practices and successful SBCC activities, for example, with stakeholders, KM supports evidence-based communication campaigns. In addition, KM activities disseminate accurate and appropriate information about technical areas and target audience behaviors so that it can be used to create campaigns and specific materials that produce stronger programs and improve health behaviors.

IHBP's KM goal is to ensure that information about SBCC flows and that knowledge is developed and shared appropriately both internally across the program and externally to partners, and applied by institutions at national and state levels and across selected districts in the state.

At IHBP, KM's objectives are to:

- Be a definitive resource for SBCC information in India
- Disseminate information on SBCC and IHBP lessons learned
- Facilitate broader knowledge sharing around SBCC, using workshops, exchanges, and meetings

B. Overview of Year 5

During the last 3 months of the project, KM's focus will be to:

- Prepare specific project documents, such as the process documentation, case studies, and reports on activities with each government stakeholder at national and state levels and the leveraging from public-private partnerships. These will be printed or hosted on the website as per the dissemination plan.
- Assist in the IHBP project closeout process.

1. Update and Promote the Project Website as an Active Channel for Strategic Communication

The project website has been identified as an important channel in dissemination of the IHBP project information, campaigns, tools, curricula, and reports. The website is regularly updated as per a defined schedule (dynamic content), approved content, and an approval policy. Technical maintenance is the responsibility of an ICT agency (as per their annual maintenance contract.) The contract for the ICT agency will be extended through November 15, 2014. Year 5 marks the end of the IHBP project in India and the opportunity to disseminate through the website the learnings, challenges, and successes that the project has experienced in the project years.

The documents, reports, monographs, training manuals, campaigns, and toolkits IHBP produced will be made available to the public at the dissemination workshops and will also be disseminated through the website and in other one-on-one meetings with key influential partners (potential leveraging partners, MOHFW officials, among others).

2. Dissemination workshops to be organized to mark the end of the IHBP project

A series of 1-day events/workshops will be organized in Year 5 to disseminate the project learnings and share experiences with the stakeholders and partners.

An end-of-year dissemination workshop will be held in first week of November to share the project learnings, successes, and key accomplishments with the stakeholders and partners. The workshop to be held in Delhi will be organized in partnership with the MOHFW, the primary stakeholders in the IHBP project. In the inaugural session of the event, some of the key project publications will be unveiled by senior officials from the government and USAID. This will be followed by panel discussions to showcase the project's achievements and learnings in institutional strengthening, developing SBCC campaigns, M&E, OR, innovations in technology, private-public partnerships, and leveraging successes.

Details of the various dissemination activities/ events to be organized by IHBP are as follows:

PURPOSE	AUDIENCE	DETAILS	WHEN
Launch of Digital Resource Centre, that has been designed and set up by IHBP for NACP	MOHFW, NACO, development partners, with wide media coverage	A formal submission of the website as well as other products designed and developed by IHBP will be announced. There will be opportunity to showcase the campaigns developed on different aspects of HIV/AIDs.	Third week of September
Announce The Taj Must Smile platform through a media press release and online presence (microsite, Facebook page, and Twitter handle), encouraging private sector to join hands with the government's health communication initiative by participating in disseminating health messages among the	Private-sector partners and foundations, nongovernmental organizations (NGOs), institutions, media partners, health service experts	Unveil the IHBP Platform for public-private partnerships on RMNCH+A, leading to healthy behaviors among people. Invite IHBP's private partners to talk about their association with the cause. Inaugurate a microsite where corporation and NGOs can pledge to take the initiative ahead. Wide media coverage will be obtained through a press release issued nationally.	September 12

vulnerable groups in villages, towns, and slums.			
SBCC Conclave on Sharing Best Practices in Social and Behavior Change Communication In India	All project partners: GOI at center & state level—MOHFW, including CTD, NACO, MOWCD, state officials from 8 project states, NIHFW, National Institute of Public Cooperation and Child Development, private-sector leveraging partners, all development-sector partners working on health communication & experts in health communication from academia, research organizations & media organizations	1-day communication conclave to be held in Delhi at a central location like the India Habitat Centre. The event will start with an inaugural session, followed by three panel discussions/ presentations in three sessions, during the day. The conclave will primarily share the IHBP project learnings from the four project areas, FP, maternal health, HIV/AIDS & TB. The day long activities will also include showcasing work accomplished in the 8 states, OR findings, campaigns developed by IHBP. In the inaugural session, high-ranking officials from the ministries and from USAID will be invited, and a wide media coverage will be provided to the event. The project documents will be unveiled at the event. The panel discussions to include application of SBCC in campaign development, innovations piloted, OR findings, role of M&E in creating effective communication, etc.	November 7
International Conference on Family Planning in Kochi, Kerala	International/ national experts on family planning, GOI officials from state and centre	Dr. Subrato Mondal will present a research paper, based on experience from the IHBP project that has been accepted by the conference. Opportunity to disseminate IHBP's campaign and research material on FP.	November 10–15
STATE EVENTS			
PLACE	AUDIENCE	DETAILS	WHEN
Jharkhand or Haryana (with PSI)	Senior state- and district-level officials & partners, plus officials from some other states who can visit for an exposure trip to learn about the good practices of the state	Workshop on dissemination of IHBP initiatives and a forward strategy for RMNCH+A initiatives to be undertaken in the second phase. A blueprint of the future IHBP support will be presented. The workshop will also be an opportunity to showcase the work done in the state so far. In the workshop, the SBCC toolkit as well as the documentation on IHBP's contribution in the state will be formally delivered to the mission director.	September 28
Rajasthan	Senior state- and district-level officials & partners, plus officials from some other states who can visit for an exposure trip	Workshop on dissemination of IHBP initiatives and a forward strategy for RMNCH+A initiatives to be undertaken in the second phase. A blueprint of the future IHBP support will be presented. The workshop will also be an opportunity to showcase the work done in the state so far. The SBCC toolkit along with	October 28 or 29

	to learn about the good practices of the state	documentation on IHBP's contribution in the state will be formally delivered to the mission director.	
Lucknow		Dissemination led by Popcouncil	October 28

MILESTONES AND WORK PLAN FOR IHBP: October – December 2014

Cross-Cutting: Knowledge Management

Key Activities		Level			Expected Output (Milestone)	Months			Remarks
Sl. No.	Description	National	State	District		Oct 2014	Nov 2014	Dec 2014	
1	Update and promote project website				Upload website				
3	Dissemination & documentation: Prepare and disseminate key project reviews and documents as monographs, briefs, and brochures for use in project workshops and meetings; end-of-project event				End of project event dissemination				
4	Project final report				Documentation of project reports & contractual reports				To be submitted to USAID after project close as per IHBP contractual timelines

VII. Work Plan: October–December 2014: Leveraging

An important component of IHBP is its mandate to achieve 1:1 leveraging of funds expended through government and the private sector, and the project is well on course for this. While considerable leverage is being achieved through government spending to back 360-degree SBCC campaigns developed by IHBP for FP, maternal health, AH (menstrual hygiene), and HIV/AIDS, IHBP has been successful in building partnerships with several private sector entities such as corporate foundations, NGOs, social enterprises, businesses, and media to further its agenda of extending reach and impact of health messages and leveraging.

A. Private Sector Leveraging

IHBP's private sector leveraging strategy is centered on USAID and the government's vision to increase the development impact of private sector resources through public-private partnerships in health communication.

IHBP targets opportunities to extend the use and reach of communication materials developed for community-based interventions, distribution or sales-led activities, health reporting, and corporate social responsibility initiatives, among others. Meetings with the senior management of more than 50 private sector organizations have been held so far resulting in 12 MOUs and with several more under negotiation. As a part of its strategy to reach out to potential private sector partners, IHBP also conducted and participated in private sector conferences and exhibitions, generating considerable engagement and visibility for the project.

In Year 5, IHBP will continue to focus on acquiring leverage with the commercial sector within the parameters of five general approaches identified:

1. Widen and scale up partnerships with private sector partners
2. Finalize MOUs under negotiation
3. Transition partnerships to APC mechanism
4. Media visibility:
5. Conduct/participate in private sector event

Quarterly leveraging report for FY 14, Quarter 4 (August–September 2014) will be finalized and submitted to USAID. Additionally, the final project leveraging report will also be completed for submission.

Following are the key proposed outcomes for Year 5:

Outcome 1: Widen and Scale Up Partnerships with Private Sector Partners

To achieve its leveraging targets, the project has been engaging with private sector organizations to build a pipeline and funnel for partnerships. In Years 3 and 4, IHBP successfully identified, negotiated, and signed partnership MOUs with 12 organizations.

In Year 5, IHBP will continue to engage with these partners to fully operationalize the MOUs with JSPL Foundation, Bharti Foundation, and IL&FS ETS (for Moradabad – Bareilly in

Uttar Pradesh; Kiratpur – Ner Chowk in Himachal Pradesh and in the Ghazipur Dairy Farm area in Delhi). IHBP will also work closely with partners such as Ambuja Cement Foundation and Janani to scale up the partnership activities and add additional intervention geographies to enhance the reach and impact of the partnerships. This will entail guiding partners to develop intervention plans and strategies and supporting them with artwork and mp3 files in Hindi and also in vernacular languages. Additionally, regular follow-up with existing partners will be continued to obtain leveraging.

Key output:

- Fully operationalize existing partnership as per signed MOUs and make efforts to widen and scale up partnerships, where possible, to obtain additional impact and resulting leverage

Outcome 2: Complete Negotiations and Finalize MOUs under Negotiation

In Year 4, IHBP engaged with several private sector entities and initiated partnership negotiations with a few of them. IHBP will work in Year 5 to complete the due diligence process and conclude negotiations to sign these MOUs with NTPC Ltd., Catalyst Group, Smile Foundation, JK Ansell Ltd., and the Centre for Market Research and Social Development.

Key outputs:

- MOUs with at least three new partners

Outcome 3: Transition Existing MOUs to New APC Mechanism

Partnerships are crucial to meet leveraging targets, and the project has been highly successful in building partnerships and enhancing the reach and impact of health communication while obtaining leverage.

With the IHBP project coming to an end and a new mechanism being put in place to carry forward the health communication engagement with the project stakeholders, the partnerships built under IHBP must be transitioned to the new APC mechanism. To that end, necessary documentation will be carried out in consultation with FHI 360 headquarters and private partners to transition partnership MOUs to the new APC mechanism for the period November 1, 2014, to September 30, 2015. This activity will take place pending USAID approval under the APC work plan but is noted here for USAID.

Outcome 4: Work with PR Agency under Existing Contract to Enhance Media Leverage

In Year 4, IHBP contracted Weber Shandwick Public Relations for media leverage. During Year 5, IHBP will continue to guide the agency to complete the tasks outlined in the contract. Some of these tasks are related to engaging with media (TV channels, national and regional dailies, magazines, and online news portals) to promote in-serial messaging on popular soaps, developing a stand-alone property (or a series) that propagates health messages while offering a cause-marketing opportunity (The Taj Must Smile activation platform), or fostering media advocacy while increasing the relevance and appeal of programming and bylined articles and coverage of partnership activities.

While some of the tasks were successfully completed, other tasks need additional time to result into successful leverage given the gestation period before they can fructify. Weber Shandwick and IHBP will continue to follow up and make best efforts to culminate tasks that have been actioned to enhance leverage from media.

Key outputs:

- Extend agency contract to October 31, 2014, at no additional cost
- Make progress and close out specific media leverage activities under contract with PR agency

Outcome 5: Conduct/Participate in Private Sector Event for Reaching Out to Potential Partners

IHBP has been very successful in reaching out to potential private sector partners by conducting events such as the communication workshop or participating in third-party events to showcase the partnership opportunities. These events provide an ideal opportunity to make new connections with senior leadership of organizations and initiate partnership dialogues.

Participation in industry events also helps to strengthen relationships with existing partners and provide them with a platform to demonstrate the IHBP-partner engagement for enhancing health impact. It is proposed that IHBP will either conduct one such event or identify a third-party event and participate in the same as its outreach effort for acquiring new partnerships. This event will be conducted under The Taj Must Smile branding to create greater synergies.

Key output:

- Plan for a smaller event with corporates and public sector undertakings to build awareness of The Taj Must Smile Movement and invite partnerships

Outcome 6: Document the Contributions Received from Central and State Governments and the Private Sector

IHBP will document and submit the quarterly (FY 14, Q 4: August–September 2014) and final project leveraging report to USAID.

Key outputs:

- Document leverage obtained and submit quarterly leveraging report
- Develop and submit final project leveraging report

MILESTONES AND WORK PLAN FOR IHBP: October–December 2014

Cross-Cutting: Leveraging

Key Activities		Level			Expected Output (Milestone)	Months			
Sl. No.	Description	National	State	District		Oct 2014	Nov 2014	Dec 2014	Remarks
1	Widen and scale up partnerships with private sector partners				Fully operationalize existing partnership as per signed MOUs and make efforts to widen and scale up partnerships				Operationalize fully the MOUs with JSPL Foundation, Bharti Foundation, and Janani while scaling up activities with IL&FS ETS and Ambuja Cement foundation
2	Complete negotiations and finalize MOUs under negotiation				Conclude negotiations and sign MOUs with at least three new partners project has been negotiating with				NTPC Ltd., Catalyst Group, Smile Foundation JK Ansell Ltd. and the Centre for Market Research and Social Development
3	Transition existing MOUs to new APC mechanism				Extend MOUs with existing 10 partners, till November 15				10 of the 12 MOUs will transition to new mechanism. MOUs with femS3 and Bafna Pharma will not be continued

Key Activities		Level			Expected Output (Milestone)	Months			Remarks
Sl. No.	Description	National	State	District		Oct 2014	Nov 2014	Dec 2014	
4	Work with PR agency under existing contract to enhance media leverage				Extend agency contract till October 31, 2014 at no extra cost Make progress and close out specific media leverage activities under contract with PR agency				Complete all agency activities by October 31, 2104
5	Conduct/participate in private sector event for reaching out to potential partners				Plan to conduct/participate in one private sector event to create awareness about The Taj Must Smile movement				Conduct workshop in Delhi/Mumbai and enlist participation of private sector organizations
6	Document the contributions received from central and state governments and the private sector				Document leverage obtained and finalize quarterly leveraging report and final project leveraging report				Document leverage obtained and finalize quarterly leveraging report for FY 14, Q 4 Develop project leveraging report for submission to USAID

Annex 1: Placement of Long-Term Consultants for GOI

Consultants for placement in MOHFW IEC Division

Sl. No.	Designation	Name of the Consultant	Remarks
1	Consultant – PIP	Puja Passi	On board
2	Consultant – SBCC Planning	Satish Kumar	On board
3	Consultant – Social Media	Gitanjali Aggarwal	On board

Consultants for placement in MOHFW CTD Division

Sl. No.	Designation	Name of the Consultant	Remarks
1	ACSM – Capacity Building	Ms. Anukampa Sangwan	On board

Consultants for placement in MOWCD

Sl. No.	Designation	Name of the Consultant	Remarks
1	Chief Coordinator – Nutrition Resource Platform	Mukesh Kumar	On board

Consultants for placement in NACO

Sl. No.	Designation	Name of the Consultant	Remarks
IEC DIVISION			
1	National Program Officer	Chandramouli Mukerji	On board
2	Account Director Media	Rajesh Rana	On board

Sl. No.	Designation	Name of the Consultant	Remarks
NHCRSC			
1	Manager – Communication Planning & Support	Aprajita Ray	On board
2	ICT Officer	Sreenu Yarragarla	On board
3	Technical Officer – Research and Evaluation	Ajay Prakash	On board
4	Technical Officer – Mass Media	Simerneet Bajwa	On board
5	Repository Manager	Surabhi Mishra	On board
6	Program Officer – Mid-Media	Shilpi Aggarwal	On board
7	SBCC Product Sourcing Officer	Ravi Bhushan	On board

Annex 2: IHBP Staff in Priority States

Chattisgarh			
Sl. No	Position	Staff	Status
1	Technical Expert – Health Communication	Sayantana Ghosh	On board
Jharkhand			
S. No	Position	Staff	Status
1	Technical Expert – Capacity Building	Nasreen Jamal	On board
2	Technical Expert – Health Communication	Soumi Halder	On board
3	Technical Expert – M&E	Pankaj Gupta	On board
Rajasthan			
S. No	Position	Staff	Status
1	Technical Expert – Capacity Building	Dr. Meenakshi Singh	On board
2	Technical Expert – Health Communication	Deepika Yadav	On board
3	Technical Expert – M&E	Saroj Mohanty	By Popcouncil

Uttarakhand			
S. No	Position	Staff	Status
1	Technical Expert – Capacity Building	Saurabh Majumdar	On board
2	Technical Expert - M&E	Tauheed Alam	By Popcouncil
Punjab			
S. No	Position	Staff	Status
1	Technical Expert – Health Communication	Navneet Kapany	On board
Haryana			
S. No	Position	Staff	Status
1	Technical Expert – Capacity Building	Reshma Azmi	On board
Himachal Pradesh			
S. No	Position	Staff	Status
1	Technical Expert – Health Communication	Deep Pathak	On board

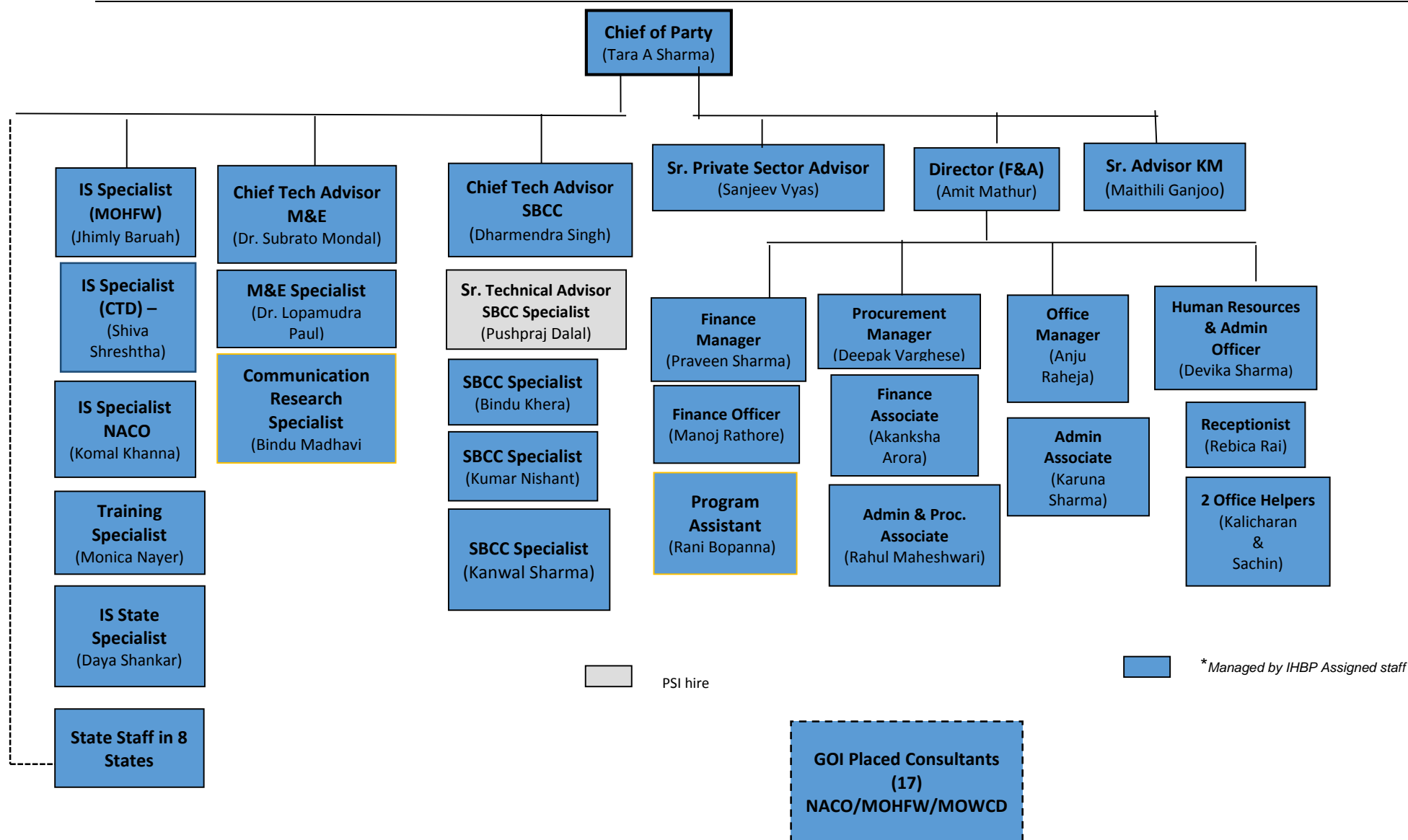
Note: Delhi will have TA from Delhi Project Office

Annex 3: Planned International Travel

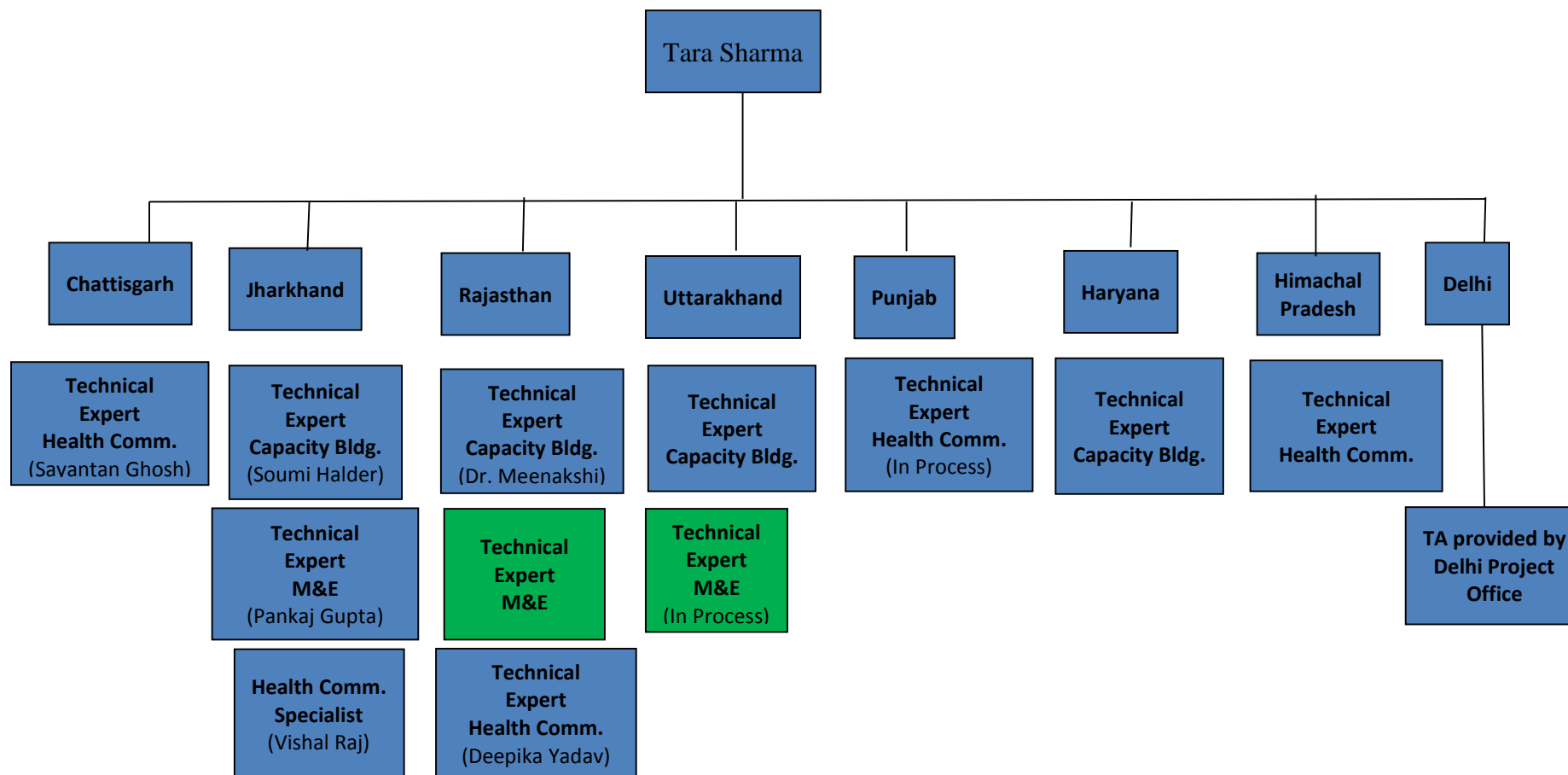
	<i>Name/Title</i>	<i>Destination</i>	<i>Purpose</i>	<i>Year 5</i>
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<i>Management</i>	Kara Tureski, Project Director/ Technical Advisor	Delhi, India	Management and TA	X
	TBD	Delhi, India	Closeout assistance as required (dependent on need)	X

Annex 4: USAID/India IHBP Organizational Chart – FY 2014



Annex 5: USAID/India IHBP State Organizational Chart – FY 2014



FHI 360 hire



Popcouncil hire